



07/24/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. A-68929-6/DJB/RMS/DCF

Anticipated Classification of  
this Application:

Class: Subclass:

Prior Application:

Examiner:  
Art Unit:

"EXPRESS MAIL" MAILING LABEL

NUMBER EL 758644215 US

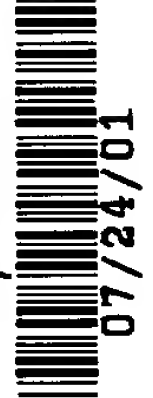
DATE OF DEPOSIT July 20, 2001

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING  
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE  
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE  
UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS  
ADDRESSED TO: BOX PATENT APPLICATION FEE, ASSISTANT  
COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.

TYPED NAME Darryl Kriner

SIGNED [Signature]

1000 U.S. PTO  
09/915231



**Box PATENT APPLICATION FEE**

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

This is a request for filing an

- ☐ Original
- ☐ Continuation
- ☐ Divisional
- ☒ Continuation-in-part

application under 37 C.F.R. 1.53(b), in the name of Jian-Bing FAN, for Multiplexed Detection  
of Analytes.

1. (a) ☐ Enclosed is a new application.
- (b) ☒ Enclosed is a continuation-in-part application.
- (c) ☐ Enclosed is a copy of the prior application.
  
2. (a) ☐ Enclosed is a new Declaration.
- (b) ☐ Enclosed is a copy of the prior executed Declaration as originally filed.
- (c) ☐ Enclosed is a Combined Declaration/Power of Attorney.

3. (a) ☐ Enclosed is a Small Entity Affidavit.  
 (b) ☒ A Small Entity Affidavit is of record in the prior application.

4. ☐ The filing fee is calculated below:

Claims as filed in the prior application, less any claims canceled by amendment below:

|                                 | (Col. 1)         | (Col.2)          | <u>SMALL ENTITY</u> |                     |           | <u>OTHER THAN A<br/>SMALL ENTITY</u> |                  |
|---------------------------------|------------------|------------------|---------------------|---------------------|-----------|--------------------------------------|------------------|
| For:                            | <u>No. Filed</u> | <u>No. Extra</u> | <u>Rate</u>         | <u>Fee</u>          | <u>Or</u> | <u>Rate</u>                          | <u>Fee</u>       |
| Basic Fee                       |                  |                  |                     | \$ 355.00           |           |                                      | \$690.00         |
| Total Claims                    | <u>37</u> - 20 = | <u>0</u>         | <u>17</u> x 9 =     | \$ <u>153.00</u>    | OR        | <u>  </u> x \$18 =                   | \$ <u>      </u> |
|                                 |                  |                  |                     | <u>.00</u>          |           |                                      |                  |
| Indep Claims                    | <u>2</u> - 3 =   | <u>      </u>    | <u>  </u> x 40 =    | \$ <u>      .00</u> | OR        | <u>  </u> x \$80 =                   | \$ <u>      </u> |
| [ X ] Multiple Dependent Claims |                  |                  | + \$135 =           | \$ <u>135.00</u>    | OR        | + \$270 =                            | \$ <u>      </u> |
| Total                           |                  |                  |                     | \$ <u>643.00</u>    |           |                                      | \$ <u>      </u> |

\* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.

5. ☒ No check is enclosed.

6. ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-70019/RMS/DCF).

7. ☐ Cancel in this application original claims                      of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.)

8. ☐ Amend the specification by inserting before the first line the sentence:

9. (a) ☐ Informal drawings are enclosed,    sheets.  
 (b) ☐ Formal drawings are enclosed,    sheets.



17. \_\_\_\_ A Sequence Listing is enclosed (comprising a communication, computer readable sequence listing, and paper copy thereof).
18. \_\_\_\_ I hereby verify that the attached papers are a true duplicate of prior application Serial No. \_\_\_\_  
\_\_\_\_ as originally filed on \_\_\_\_.

Date:

7/24/01

Robin M. Silva  
Robin M. Silva, Reg. No. 38,304

Address of Signer:

Suite 3400, Four Embarcadero Center  
San Francisco, California 94111-4187  
Telephone: 415-781-1989

X Attorney or agent of record

\_\_\_\_ Filed under Section 1.34(a)

1057619